

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035661

DO NOT WRITE
ON THIS STUB

AMENDED

District No. 274
FILED SEP 24 1962

Primary Registration District No.

Registrar's No.

346

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEDALIA</u>		Length of stay in lb <u>69 yrs.</u>	c. CITY OR TOWN <u>SEDALIA</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D #3</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.F.D #3</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES LEONARD SCOTTEN</u>		4. DATE OF DEATH Month Day Year <u>9 18 1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-4-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>69</u>
11a. FATHER'S NAME <u>ROBERT M. SCOTTEN</u>		11b. MOTHER'S MAIDEN NAME <u>KATHRYN SMITH</u>	11c. NAME OF HUSBAND OR WIFE <u>LOUISE SCOTTEN</u>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I.</u>		13. SOCIAL SECURITY NO. <u>9</u>	
14. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		15. BIRTHPLACE (City and state or country) <u>PETTIS County Mo.</u>	
16. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		17. ADDRESS <u>MRS J. L. SCOTTEN - SEDALIA Mo.</u>	
18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>Aug 15 1962</u> to <u>Sept 16 62</u> and last saw him alive on <u>Sept 16, 1962</u> Death occurred at <u>his home 4:15 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. A. Hite M.D.</u>		22b. ADDRESS <u>Green Ridge, Mo</u>	22c. DATE SIGNED <u>9-19-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-20-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LA MONTE CEMETERY</u>	23d. LOCATION (City, town, or county) <u>LA MONTE Mo.</u>
24. FUNERAL DIRECTOR <u>MOORE FUNERAL HOME</u> ADDRESS <u>LA MONTE MO</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 20, 1962</u>	26. REGISTRAR'S SIGNATURE <u>James Shelby for W. Anderson</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

OCT 26 1962

OCT 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.